

jc759 U.S. PTO
01/14/02Please type a plus sign (+) inside this box → PTO/SB/50 (02-01)
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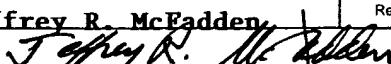
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No. 4050-02A
		First Named Inventor Sonny B. Driggans
		Original Patent Number 6,253,582
		Original Patent Issue Date (Month/Day/Year) July 3, 2001
		Express Mail Label No. EL88708375945
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent <i>(Check applicable box)</i>		
APPLICATION ELEMENTS (37 CFR 1.173) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i> <input type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 		ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <ul style="list-style-type: none"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other:
18. CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number or Bar Code Label 30166 <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below
Name	Jeffrey R. McFadden	
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Signature		Date 1/14/02

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
4050-02A

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 27	**** 7 =	x \$ ____ =		or	x \$ 18 = 126
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 6	* 2 =	x \$ ____ =			x \$ 84 = 168
							\$ 740
						OR	\$ 1,034

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
							OR	\$
					Total Additional Fee	\$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0528.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,034 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

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1-14.02

Date

Signature of Applicant, Attorney or Agent of Record

Jeffrey R. McFadden

Typed or printed name

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Commissioner for Patents
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Sir:

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Date of Deposit January 14, 2002

I hereby certify that this paper, which is a Reissue application for U.S. Patent No. 6,253,582, which issued on July 3, 2001, entitled PRINT-RECEPTIVE, PILL-RESISTANT, KNITTED FABRIC (our file 4050-02A), and the attached fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Jeffrey R. McFadden
Reg. No. 46,916

Mailed By: Brandi A. Mitchell
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